

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

REVIEWED BY: [Signature] Page 1 of 5  
EPHO ADMINISTRATOR DATE 6/16/16

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	<u>38</u>	<u>5/27/16</u>		<u>CHODE</u>	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input checked="" type="checkbox"/>		RATING	<u>3:10</u>	<u>8:00</u>	<u>CHODE, INCORPORATED</u>	
Investigation			<u>C</u>	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				<u>150002915</u>		<u>LOT 2, BLOCK 17 AGANA, EN. 125, 9TH STREET</u>	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
<u>CATERING</u>				<u>8</u>	<u>477-1524</u>	<u>5</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations <u>N/A</u>			

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performance duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness, policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	N/A	N/O		6
5	IN	OUT	N/A	N/O		6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	N/A	N/O		6
7	IN	OUT	N/A	N/O		6
8	IN	OUT				6
<b>Approved Source</b>						
9	IN	OUT				6
10	IN	OUT	N/A	N/O		6
11	IN	OUT				6
12	IN	OUT	N/A	N/O		6
<b>Protection from Contamination</b>						
13	IN	OUT	N/A			6
14	IN	OUT	N/A			6
15	IN	OUT				6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	N/A	N/O		6
17	IN	OUT	N/A	N/O		6
18	IN	OUT	N/A	N/O		6
19	IN	OUT	N/A	N/O		6
20	IN	OUT	N/A			6
21	IN	OUT	N/A	N/O		6
<b>Consumer Advisory</b>						
22	IN	OUT	N/A			6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	N/A			6
<b>Chemical</b>						
24	IN	OUT	N/A			6
25	IN	OUT				6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33	<input checked="" type="checkbox"/>		Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35	<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37	<input checked="" type="checkbox"/>		Personal cleanliness			1
38	<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49	<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken:

Person in Charge (Print and Sign)	Date:	Follow-up Date
<u>[Signature]</u>	<u>5/27/16</u>	<u>6/16/16</u>
DEH Inspector (Print and Sign)	Follow-up (Circle one):	
<u>J. GARCIA EPHO1</u>	<u>YES</u> <u>NO</u>	

Department of Public Health and Social Services  
Division of Environmental Health

Food Establishment Inspection Report

Page 2 of 5

ESTABLISHMENT NAME <u>CHODE</u>		LOCATION (Address) <u>ADAMS</u>
INSPECTION DATE <u>5/27/16</u>	SANITARY PERMIT NO. <u>150002915</u>	PERMIT HOLDER <u>CHODE INCORPORATED</u>

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
SHELLED EGGS (1-CASE)	82°F/91°F/86.7°F		
HAM (BLOCK)	50°F		
PACON	54°F		
SAUSAGE	50°F		
CHICKEN IN COOLER	31°F		
ROAST	53°F		
CHICKEN WINGS	55°F		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED ON THIS DAY BASED ON A COMPLAINT NO. 16-041 REGARDING FOOD IN DRINK COOLERS, FOOD OVER FLOW IN FREEZERS IN KITCHEN, FOOD NOT PROPERLY STORED CORRECTLY, WORKERS DON'T HAVE PROPER FOOT ATTIRE, WEARING SLIPPERS, SOME HAVE NO HEALTH CERTIFICATES, FOOD IN WARMER FROM THE TIME THEY ENTER TO ABOUT 5 PM; THERE ARE FOOD THAT HAVE NO LABEL OR PERMIT NUMBER ON THEM; SOME VENDORS DON'T HAVE PERMITS TO MAKE FOOD BUT SOLD AT THE STORE. PREVIOUS INSPECTION WAS CONDUCTED ON 4/17/15 (2/A). PREVIOUS VIOLATION WAS CORRECTED.	
	THE FOLLOWING NEW VIOLATIONS WERE OBSERVED:	
#1	PERSON IN CHARGE DOES NOT DEMONSTRATE KNOWLEDGE OF FOOD SAFETY PRACTICES. PERSON IN CHARGE SHALL DEMONSTRATE PROPER FOOD SAFETY KNOWLEDGE AND/OR OBTAIN A MANAGER'S CERTIFICATION FROM AN APPROVED INSTITUTION.	6/6/16
#2	NO EMPLOYEE HEALTH IN PLACE. AN EMPLOYEE HEALTH POLICY SHALL BE IMPLEMENTED TO ENSURE SICK EMPLOYEES ARE RESTRICTED/ EXCLUDED FROM WORKING TO PREVENT ANY CONTAMINATION FROM OCCURRING.	6/6/16

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person In Charge (Print and Sign)

DEH Inspector (Print and Sign)

J. GARCIA EP101

White: DPHSS/DEH

Yellow: Food Establishment

Date:

Date:

JAMES CRUZ R.D.101



Department of Public Health and Social Services  
Division of Environmental Health

Food Establishment Inspection Report

Page 3 of 5

ESTABLISHMENT NAME <u>CHORE</u>		LOCATION (Address) <u>LOT 2 BLOCK 17 AERANA, 125-9TH STREET</u>
INSPECTION DATE <u>5/27/16</u>	SANITARY PERMIT NO. <u>150002915</u>	PERMIT HOLDER <u>CHORE, INCORPORATED</u>

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

#13	FOOD IN FREEZER UNITS NOT PROPERLY SEPARATED AND PROTECTED FOOD SHALL BE SEPARATED AND ORGANIZED TO PREVENT CROSS-CONTAMINATION.	6/6/16
#20	OBSERVED SHELLLED EGGS (1-CASE) SAUSAGE, HAM, BACON, ROAST, AND CHICKEN WINGS NOT HELD AT PROPER COLD HOLDING TEMPERATURES (SEE TEMPERATURE LOG). THE SHELLLED EGGS WAS RECEIVED AT 10:00am ON 5/27/16 AND WAS STORED ON THE FLOOR <sup>KITCHEN</sup> AT ROOM TEMPERATURE. THE CASE OF EGGS WAS DISCARDED AND PHOTOS WERE TAKEN. ALL OTHER MEAT PRODUCTS WERE HELD AT IMPROPER TEMPERATURES WERE PROCESSED <sup>AND</sup> FOR SERVICE. ALL FOOD SHOULD BE KEPT AT 41°F OR BELOW TO PREVENT THE GROWTH OF BACTERIA.	6/6/16
#21	NO DATE MARKING ON FOOD ITEMS STORED IN FREEZER AND CHILL UNITS. MORE THAN 24 HOURS ALL FOOD SHALL BE PROPERLY DATE MARKED WHEN STORED MORE THAN 24 HOURS IN REFRIGERATION OR FREEZER TO ENSURE FOODS ARE TIMELY DISCARDED.	6/6/16
#33	NO THERMOMETERS PROVIDED IN CHILL UNITS AND FREEZER UNITS. THERMOMETERS SHALL BE PROVIDED TO MONITOR TEMPERATURE OF THE UNITS AND ENSURE THE UNITS ARE PROPERLY MAINTAINED.	6/24/16
#35	NO SELF-CLOSING DEVICE LOCATED AT THE AT BOTH ENTRANCES <sup>PEEP</sup> A SELF-CLOSING DEVICE SHALL BE INSTALLED IN ORDER TO PREVENT FROM PEST ENTERING. <sup>WASH</sup> OBSERVE CAP AT ENTRANCE DOOR.	6/26/16

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) <u>J. Garcia</u>	Date: <u>5/27/16</u>
DEH Inspector (Print and Sign) <u>J. Garcia</u>	Date: <u>5/27/16</u>

J. GARCIA EPHO1

White: DPHSS/DEH

Yellow: Food Establishment

Food Establishment Inspection Report

Page 4 of 5

ESTABLISHMENT NAME <u>CHODE</u>		LOCATION (Address) <u>CHODE, INCORPORATED</u>	
INSPECTION DATE <u>5/27/16</u>	SANITARY PERMIT NO. <u>150002915</u>	PERMIT HOLDER <u>LOI 2 BLOCK 17 AGANA, GU. 125 9TH STREET</u>	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

#37	OBSERVED 2 EMPLOYEES WEARING SLIPPERS WITH NO HAIR RESTRAINTS. ALL EMPLOYEES SHALL DEMONSTRATE PERSONAL CLEANLINESS TO PREVENT ANY CONTAMINATION OF FOOD.	6/26/16
#38	MULTIPLE WIPING CLOTHS OBSERVED ON PREPARATION TABLES AND NOT STORED IN SANITIZING SOLUTION. WIPING CLOTHS SHALL BE STORED IN A SANITIZING SOLUTION <del>THAT</del> TO ENSURE CLOTHS ARE SANITARY BEFORE EACH USE.	6/26/16
#49	OBSERVED WASHING MACHINE PIPE LOCATED AT THE SIDE OF THE ESTABLISHMENT ALLOWING WASTEWATER TO DRAIN DIRECTLY TO GROUND; OBSERVED POOLING OF WASTEWATER NEXT TO PIPE. WASTE WATER SHALL BE PROPERLY DISPOSED TO AN APPROVED SEWAGE SYSTEM.	6/26/16
#52	OUTER AREA OBSERVED TO BE GENERALLY UNCLEAN; OVERFLOWING TRASHBINS WITH NO COVER, EMPTY BOXES & BUCKETS, A TIRE WAS OBSERVED.  THE REAR UNAPPROVED KITCHEN WAS BEING UTILIZED; OBSERVED CARDBOARD BOXES AND UNNECESSARY ARTICLES IN THE AREA; THE WALL ABOVE THE WAREWASHING SINK IN THE SAME KITCHEN HAD BUILD UP OF OIL AND GREASE;  THE FACILITY SHALL BE KEPT CLEAN IN ORDER TO ENSURE SANITARY OPERATION.	6/26/16

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date: 5/27/16

Date: 5/27/16

J. GARCIA EPMO

Write: DPHSS/DEH

Yellow: Food Establishment

Department of Public Health and Social Services  
Division of Environmental Health

Food Establishment Inspection Report

Page ~~4~~ of 5

ESTABLISHMENT NAME CHODE		LOCATION (Address) AGANA LOT 2 BLOCK 17 125 9TH STREET
INSPECTION DATE 5/27/16	SANITARY PERMIT NO. 150002915	PERMIT HOLDER CHODE INCORPORATED

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
----------	-------------------------------------	-----------------

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

~~ENTER~~ THE COMPLAINT WAS PARTIALLY SUBSTANTIATED;  
OBSERVED FOOD IN DRINK COULERS; OVER FLOW OF FOOD IN  
FREEZERS AND WORKERS WEARING SLIPPERS. ALL OTHER  
INFORMATION ON COMPLAINT WAS UNSUBSTANTIATED. ~~AND~~  
A VERIFICATION AND FOLLOW-UP IS NEEDED BY DEH STAFF  
BASED ON THE LIST OF VENDORS THAT THE PERSON IN CHARGE  
PROVIDED.

BRIEFED SHEILA SAN AGUSTIN ON THE VIOLATIONS.

NOTE: OWNER SHALL SEEK ADVICE FOR THE EXTENSION OF THE  
REAR KITCHEN IN ORDER TO OBTAIN A SANITARY  
PERMIT FROM THE DEPARTMENT.

REMOVED "A" PLACARD NO. 00126  
POSTED "C" PLACARD NO. 00516

ISSUED A LETTER OF WARNING AND A FOLLOW-UP  
RE-INSPECTION REQUEST FORM.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Katherine Duenas EPTOI / JAMES CRUZ BPHU I

Date: 5/27/16  
Date: 5/27/16

J. GARCIA EPTOI

White: DPHSS/DEH Yellow: Food Establishment



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

GOVERNMENT OF GUAM  
P. O. BOX 2816  
HAGATNA, GUAM 96932



Date: 5/27/16

CHODE (CATERING)

Name of Establishment

As a result of this inspection, your establishment received a:

☒ **LETTER OF WARNING**

38/C

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) Government of Guam working days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

☐ **NOTICE OF CLOSURE**

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you should provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10GCA §21109(b), you may request a hearing within five (5) Government of Guam working days of the date of this notice.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7215 or (fax) 734-5556. Si Yu'us Ma'ase.

Sincerely,

for: JAMES W. GILMAN  
Director

Issued By:

KATHERINE PUENATAS EPHOI  
Name of Inspector

JAMES CRUZ RPH I

Received By:

5/27/16  
Establishment Representative